# STAFF RELOCATION INCENTIVE PAYMENT APPROVAL REQUEST FORM (CAMPUS)

Use this form to obtain approval ONLY for the following relocation payments in accordance with Administrative Policy Statement 34.2:

* All Relocation Incentive Payments for Classified Non-union (CNU) employees, and
* Any exceptional Relocation Incentive Payments for campus staff (if relocation incentive exceeds $50,000 or 25% of first year’s full-time annualized salary, whichever is greater).

Departments must initiate all relocation incentive payment requests through the Request One-Time Payment business process in Workday. For all incentive payment requests for classified non-union employees, Human Resources will use this form to obtain approval from the University President. For all exceptional payment requests, Human Resources will use this form to obtain approval from the Vice President for Human Resources.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Last Name: | | | | First Name: | | | Middle: | |
| Supervisory Org: | | | | | Phone:    -   - | | | |
| Appointment Type:  Professional Staff  Contract Classified  Classified Non-Union | | | | | Employee ID: | | | |
| Business Title: | | | Relocation Incentive Payment Amount:  $ | | Starting Salary: $ | | | FTE:       % |
| Job Profile: | | If Classified Staff: Salary Range       Salary Step | | | | If Pro. Staff: Salary Grade | | |
| Statement of reasons for requesting approval for lump sum relocation incentive payment: | | | | | | | | |
|  | Attach copy of draft job offer letter confirming notification of the repayment obligation for leaving the position with less than one year’s service. | | | | | | | |
|  | Check if moving expenses are being paid in addition to the proposed relocation incentive payment. *Moving expense requirements are described in APS 34.1.* | | | | | | | |
|  | Check if the proposed lump sum relocation incentive payment exceeds $50,000 or 25% of the first year’s full-time annualized salary, whichever is greater:  State the reason(s) for the exceptional payment: | | | | | | | |

## For all exceptional requests:

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| VP of Human Resources Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |

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| VP of Human Resources Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |

**For all CNU requests:**

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| President  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |